

## Intensive Treatment Foster Care Program Quarterly Statistical Report

<b>STATEWIDE</b>	Quarter Ending				
	Month				Year
	1 <input type="checkbox"/> Mar	2 <input checked="" type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input type="checkbox"/> Dec	2000

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	1	17	40	49	50	46
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	4	2	4	2
b. Total Children Hospitalized	1b.	0	0	0	0	1	0
c. Total Children Discharged to Own Home	1c.	0	0	1	1	1	2
d. Total Children Continuing in Placement	1d.	1	17	34	43	39	38
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	2	2	1
f. Total Children with Other Outcomes	1f.	0	0	1	1	3	3
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	2,122.92	6,164.99	7,756.47	5,946.10	6,106.62
3. Total Psychiatrist Hours	3.	0.00	52.15	77.40	92.24	35.50	45.00
4. Total Emergency Social Work Hours	4.	0.00	27.50	37.25	73.00	248.80	83.40
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	1.00	10.00	24.00	43.00	43.00	34.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	1.00	5.00	17.00	17.00	22.00	17.00

## Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

COUNTY <b>ALAMEDA</b>	Quarter Ending				
	Month				Year
	1 <input type="checkbox"/> Mar	2 <input checked="" type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input type="checkbox"/> Dec	2000

Children:		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	2	2	8	9	9
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	2	2	8	8	8
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	1
f. Total Children with Other Outcomes	1f.	0	0	0	0	1	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	156.30	194.60	759.50	735.40	345.40
3. Total Psychiatrist Hours	3.	0.00	12.00	0.00	16.00	3.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	2.00	0.00	12.00	19.90	13.40
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	2.00	2.00	8.00	8.00	9.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	1.00	1.00	1.00	3.00	2.00

## Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

COUNTY <b>BUTTE</b>	Quarter Ending				
	Month				Year
	1 <input type="checkbox"/> Mar	2 <input checked="" type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input type="checkbox"/> Dec	2000

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	0	1	0
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	0	1	0
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	0.00	5.00	0.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	0.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	0.00	0.00	0.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	0.00	0.00

## Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

COUNTY <b>CONTRA COSTA</b>	Quarter Ending				
	Month				Year
	1 <input type="checkbox"/> Mar	2 <input checked="" type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input type="checkbox"/> Dec	<b>2000</b>

Children:		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	1	1	0	1	4	1
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	1	1	0	1	4	1
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	16.50	223.00	229.30	545.85	77.50
3. Total Psychiatrist Hours	3.	0.00	2.00	16.00	6.00	2.00	6.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	6.00	0.00	6.50	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	1.00	1.00	0.00	1.00	4.00	1.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	1.00	1.00	0.00	0.00	2.00	0.00

## Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

COUNTY <b>FRESNO</b>	Quarter Ending				
	Month				Year
	1 <input type="checkbox"/> Mar	2 <input checked="" type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input type="checkbox"/> Dec	<b>2000</b>

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	1	4	3	1
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	1	1	2	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	2	1	1
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	1	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	239.50	1,106.00	223.50	182.75
3. Total Psychiatrist Hours	3.	0.00	0.00	2.00	2.75	0.00	3.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	5.00	14.50	12.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	2.00	7.00	4.00	1.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	2.00	4.00	3.00	0.00

## Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

COUNTY <b>KINGS</b>	Quarter Ending				
	Month				Year
	1 <input type="checkbox"/> Mar	2 <input checked="" type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input type="checkbox"/> Dec	2000

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	0	0	1
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	1
d. Total Children Continuing in Placement	1d.	0	0	0	0	0	0
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	0.00	0.00	30.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	0.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	18.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	0.00	0.00	1.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	0.00	1.00

## Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

COUNTY <b>LOS ANGELES</b>	Quarter Ending				
	Month				Year
	1 <input type="checkbox"/> Mar	2 <input checked="" type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input type="checkbox"/> Dec	<b>2000</b>

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	0	1	0
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	0	1	0
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	0.00	270.50	0.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	3.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	1.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	0.00	0.00	0.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	0.00	0.00

## Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

COUNTY <b>MADERA</b>	Quarter Ending				
	Month				Year
	1 <input type="checkbox"/> Mar	2 <input checked="" type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input type="checkbox"/> Dec	2000

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	0	1	0
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	0	1	0
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	0.00	0.00	0.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	1.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	0.00	1.00	0.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	0.00	0.00



## Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

COUNTY <b>MARIN</b>	Quarter Ending				
	Month				Year
	1 <input type="checkbox"/> Mar	2 <input checked="" type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input type="checkbox"/> Dec	2000

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	1	0	0	0	1
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	1	0	0	0	0
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	1
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	0.00	0.00	44.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	0.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	1.00	0.00	0.00	0.00	1.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	1.00	0.00	0.00	0.00	1.00

## Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

COUNTY <b>MENDOCINO</b>	Quarter Ending				
	Month				Year
	1 <input type="checkbox"/> Mar	2 <input checked="" type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input type="checkbox"/> Dec	2000

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	1	0	0	0	0
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	1	0	0	0	0
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	204.00	0.00	0.00	0.00	0.00
3. Total Psychiatrist Hours	3.	0.00	7.00	0.00	0.00	0.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	2.00	0.00	0.00	0.00	0.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	1.00	0.00	0.00	0.00	0.00

## Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

COUNTY <b>MERCED</b>	Quarter Ending				
	Month				Year
	1 <input type="checkbox"/> Mar	2 <input checked="" type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input type="checkbox"/> Dec	2000

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	0	1	1
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	0	1	1
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	0.00	0.00	17.50
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	2.00	2.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	0.00	1.00	1.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	1.00	1.00

## Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

COUNTY <b>ORANGE</b>	Quarter Ending				
	Month				Year
	1 <input type="checkbox"/> Mar	2 <input checked="" type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input type="checkbox"/> Dec	2000

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	1	0	2	1
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	1	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	1	0	1	1
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	599.00	340.00	289.00	287.00
3. Total Psychiatrist Hours	3.	0.00	0.00	3.00	3.00	1.50	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	6.00	5.00	2.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	1.00	0.00	1.00	1.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	1.00	0.00	1.00	0.00

## Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

COUNTY <b>PLACER</b>	Quarter Ending				
	Month				Year
	1 <input type="checkbox"/> Mar	2 <input checked="" type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input type="checkbox"/> Dec	2000

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	1	1	0
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	0	0	0
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	1	1	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	124.00	165.00	0.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	0.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	1.00	1.00	0.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	0.00	0.00

## Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

COUNTY <b>SACRAMENTO</b>	Quarter Ending				
	Month				Year
	1 <input type="checkbox"/> Mar	2 <input checked="" type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input type="checkbox"/> Dec	2000

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	6	9	10	5	3
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	2	1	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	1
d. Total Children Continuing in Placement	1d.	0	6	6	7	3	2
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	1	2	0
f. Total Children with Other Outcomes	1f.	0	0	1	1	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	651.62	934.89	1,056.12	250.50	42.87
3. Total Psychiatrist Hours	3.	0.00	12.65	15.40	11.99	1.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	20.50	10.00	31.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	3.00	5.00	9.00	6.00	2.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	1.00	3.00	3.00	3.00	0.00

## Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

COUNTY <b>SAN DIEGO</b>	Quarter Ending				
	Month				Year
	1 <input type="checkbox"/> Mar	2 <input checked="" type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input type="checkbox"/> Dec	<b>2000</b>

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	1	0	1
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	1	0	1
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	258.00	0.00	164.25
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	1.00	0.00	1.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	1.00	0.00	1.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	0.00	0.00

## Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

COUNTY <b>SAN FRANCISCO</b>	Quarter Ending				
	Month				Year
	1 <input type="checkbox"/> Mar	2 <input checked="" type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input type="checkbox"/> Dec	<b>2000</b>

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	4	4	3
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	4	4	3
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	306.70	599.60	228.60
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	6.00	0.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	4.00	115.90	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	4.00	4.00	3.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	1.00	0.00



## Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

COUNTY <b>SAN JOAQUIN</b>	Quarter Ending				
	Month				Year
	1 <input type="checkbox"/> Mar	2 <input checked="" type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input type="checkbox"/> Dec	2000

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	1	2	0
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	1	2	0
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	0.00	75.00	0.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	0.50	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	6.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	0.00	2.00	0.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	1.00	0.00

## Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

COUNTY <b>SAN LUIS OBISPO</b>	Quarter Ending				
	Month				Year
	1 <input type="checkbox"/> Mar	2 <input checked="" type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input type="checkbox"/> Dec	2000

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	1	0	1	1
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	1	0	1	1
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	401.00	0.00	324.75	90.90
3. Total Psychiatrist Hours	3.	0.00	0.00	8.00	0.00	0.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	2.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	0.00	0.00	0.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	0.00	0.00

## Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

COUNTY <b>SAN MATEO</b>	Quarter Ending				
	Month				Year
	1 <input type="checkbox"/> Mar	2 <input checked="" type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input type="checkbox"/> Dec	<b>2000</b>

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	1	1	1
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	1	1	1
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	71.25	27.00	39.75
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	12.00	12.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	21.00	54.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	1.00	0.00	0.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	0.00	0.00

## Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

COUNTY <b>SANTA BARBARA</b>	Quarter Ending				
	Month				Year
	1 <input type="checkbox"/> Mar	2 <input checked="" type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input type="checkbox"/> Dec	<b>2000</b>

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	0	1	0
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	0	1	0
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	0.00	0.00	0.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	0.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	0.00	1.00	0.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	0.00	0.00

## Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

COUNTY <b>SANTA CLARA</b>	Quarter Ending				
	Month				Year
	1 <input type="checkbox"/> Mar	2 <input checked="" type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input type="checkbox"/> Dec	<b>2000</b>

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	6	18	9	8	13
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	1	0	1	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	1	1	0	1
d. Total Children Continuing in Placement	1d.	0	6	16	8	5	12
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	2	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	1,017.00	2,797.00	1,953.10	1,290.00	1,860.10
3. Total Psychiatrist Hours	3.	0.00	24.00	28.25	36.00	4.00	15.00
4. Total Emergency Social Work Hours	4.	0.00	5.00	5.00	2.00	38.50	6.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	3.00	11.00	7.00	7.00	10.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	2.00	8.00	4.00	4.00	7.00

## Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

COUNTY <b>SANTA CRUZ</b>	Quarter Ending				
	Month				Year
	1 <input type="checkbox"/> Mar	2 <input checked="" type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input type="checkbox"/> Dec	<b>2000</b>

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	1	0	0
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	1	0	0
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	126.50	0.00	0.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	0.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	0.00	0.00	0.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	0.00	0.00

## Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

COUNTY <b>SOLANO</b>	Quarter Ending				
	Month				Year
	1 <input type="checkbox"/> Mar	2 <input checked="" type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input type="checkbox"/> Dec	2000

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	1	1	0	0	1
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	1	1	0	0	1
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	0.00	0.00	0.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	0.00	2.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	1.00	1.00	0.00	0.00	1.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	0.00	0.00

## Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

COUNTY <b>SONOMA</b>	Quarter Ending				
	Month				Year
	1 <input type="checkbox"/> Mar	2 <input checked="" type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input type="checkbox"/> Dec	2000

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	0	1	0
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	0	0	0
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	1	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	0.00	79.00	0.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	0.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	3.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	0.00	1.00	0.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	1.00	0.00



## Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

COUNTY <b>STANISLAUS</b>	Quarter Ending				
	Month				Year
	1 <input type="checkbox"/> Mar	2 <input checked="" type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input type="checkbox"/> Dec	2000

Children:		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
		0	1	8	12	13	14
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	1	8	12	13	14
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	2
b. Total Children Hospitalized	1b.	0	0	0	0	1	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	1	0
d. Total Children Continuing in Placement	1d.	0	1	8	12	11	10
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	2
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	281.50	1,210.00	2,039.75	1,546.00	2,746.50
3. Total Psychiatrist Hours	3.	0.00	1.50	7.75	14.50	10.50	8.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	11.25	11.50	27.00	10.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	3.00	8.00	9.00	8.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	3.00	6.00	6.00	8.00

## Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

COUNTY <b>TULARE</b>	Quarter Ending				
	Month				Year
	1 <input type="checkbox"/> Mar	2 <input checked="" type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input type="checkbox"/> Dec	2000

Children:		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	1	0	0
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	1	0	0
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	24.00	0.00	0.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	0.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	1.00	0.00	0.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	1.00	0.00	0.00

## Intensive Treatment Foster Care Program Quarterly Statistical Report - By County

COUNTY <b>YOLO</b>	Quarter Ending				
	Month				Year
	1 <input type="checkbox"/> Mar	2 <input checked="" type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input type="checkbox"/> Dec	<b>2000</b>

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	0	0	0
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	0	0	0
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	0.00	0.00	0.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	0.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	0.00	0.00	0.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	0.00	0.00